3/25/99

DADE BEHRING INC. P.O. 8ox 6101 Newark, DE 19714 K990551

# DADE BEHRING

## Summary of Safety and Effectiveness Information

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

Submitter's Name:

Cathy P. Craft

Dade Behring Inc. P.O. Box 6101

Newark, DE 19714-6101

Date of Preparation:

February 16, 1999

Name of Product:

IGG Flex™ Reagent Cartridge

**FDA Classification Name:** 

Immunoglobulin G Test System

**Predicate Device:** 

Beckman Array® Immunoglobulin G Method (K922273)

**Device Description:** The IGG Flex<sup>™</sup> reagent cartridge for the Dimension® clinical chemistry system is a quantitative, turbidimetric assay based on the precipitation of IgG by its polyclonal antibodies.<sup>a</sup>

IgG from serum or plasma reacts with its polyclonal antibodies to form an immunoprecipitate. Addition of polyethylene glycol accelerates the formation of the precipitate. Turbidity created by immunoprecipitation is measured as bichromatic endpoint measurements at 340 and 700 nm. The increase in turbidity is proportional to the concentration of IgG and it is calculated from a five point calibration curve.

a The antibody is manufactured by Dade Behring, Marburg, Germany

Intended Use: The IGG Flex® reagent cartridge is used in the Dimension® clinical chemistry system to quantitatively measure immunoglobulin G (IgG) in human serum and plasma.

### **Comparison to Predicate Device:**

<u>Item</u>	IGG Flex <sup>™</sup> Reagent Cartridge	Beckman Array® IgG
Sample Type	Serum and plasma	Serum
Methodology	Immunoprecipitation	Immunoprecipitation
Detection	Bichromatic endpoint (340 and 700 nm) (turbidimetry)	Nephelometry (405 nm)

# **Comments on Substantial Equivalence:**

Split sample comparison between the IGG Flex<sup>TM</sup> reagent cartridge and the Beckman Immunoglobulin G assay gave a correlation coefficient of 0.993, slope of 1.00, and an intercept of -12.8 mg/dL when tested with 111 clinical patient samples.

Conclusion: The IGG Flex<sup>TM</sup> reagent cartridge is substantially equivalent in principle and performance to the Beckman Immunoglobulin G Assay based on the split sample comparison discussed above.

Cathy P. Craft

Regulatory Affairs and Compliance Manager

Date: February 16, 1999





Food and Drug Administration 2098 Gaither Road Rockville MD 20850

MAR 2 5 1999

Ms. Cathy P. Craft
Regulatory Affairs and
Compliance Manager
DADE Behring, Inc.
Chemistry Group
P.O. Box 6101
Route 896, Glasgow Bldg. 500
Newark, Delaware 19714-6101

Re: K990551

Trade Name: DIMENSION® Immunoglobulin IgG FLEX™ Reagent Cartridge

Regulatory Class: II Product Code: CFQ

Dated: February 16, 1999 Received: February 22, 1999

### Dear Ms. Craft:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88), this device may require a CLIA complexity categorization. To determine if it does, you should contact the Centers for Disease Control and Prevention (CDC) at (770) 488-7655.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597, or at its internet address "http://www.fda.gov/cdrh/dsma/dsmamain.html".

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.

Steven Butman

Director

Division of Clinical

Laboratory Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

# **Indications For Use Statement**

<b>Device Name</b> : IGG Flex <sup>™</sup> Reagent	Cartridge	
Indications for Use:		
The IGG Flex <sup>TM</sup> reagent cart vitro diagnostic test intended to quan plasma.	ridge for the I titatively mea	Dimension® clinical chemistry system is an <i>in</i> sure immunoglobulin G (IgG) in serum and
		Cathy P. Craft Regulatory Affairs and Compliance Manager
		February 16, 1999
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Concurrence of CDRH, Of	fice of Device	e Evaluation (ODE)
	( Jelin	E Marin
•	(Division Si Division of 510(k) Num	Clinical Laboratory Devices Vagassi
Prescription Use (Per 21 CFR 801.109)	OR	Over-the-counter Use
		(Optional format 1-2-96)